



****Mandatory to fill in****

COMPANY NAME:	Quotation No. 23-09-621
CONTACT No.	Purchase Request No. G-2023-09-0911
Address:	Purpose: FOR Central Records Office
TIN No.	ABC: 72,000.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

1. Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
2. It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
3. Indicate the **warranty period** in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation **duly signed by your representative**.
5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) PhilGEPS Membership Certificate and e) Omnibus Sworn Statement
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

Pls. fill up this blank Space

[illegible]

Accomplished by: _____ _____ Supplier's Representative (Print name and Signature) Date Accomplished : _____	By the authority of the University President.  _____ DR. CECILIA A. GERONIMO BAC Chairperson Canvassed by: _____ _____ Name and Signature
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